1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): AZ-502 - Phoenix/Mesa/Maricopa County Regional CoC

CoC Lead Organization Name: Maricopa Association of Governments

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Maricopa Association of Governments Continuum of Care Regional Committee on Homelessness

Indicate the frequency of group meetings: Bi-monthly

If less than bi-monthly, please explain (limit 500 characters):

Indicate the legal status of the group: 501(c)(4)

Specify "other" legal status:

The Maricopa Association of Governments (MAG) is a 501 c4. The Continuum of Care Regional Committee on Homelessness, the primary decision making group, is a Committee within the Maricopa Association of Governments and is not a legally recognized group on its own.

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 48%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	
Assigned:	
Volunteer:	

Appointed:	X
Other:	

Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

All members of the MAG Continuum of Care Committee are recommended by the Membership Subcommittee (MS) and are appointed by the Chair of the MAG Regional Council (RC). MAG RC is made up of mayors from the 25 cities and towns in the region. The MS meets twice a year to oversee membership of the Committee and recommend members when needed. If the MAG RC chair approves recommendation, then an appointment letter is sent to the new member. The process was established to ensure coordinated and timely oversight of the committee's membership. The Chair and Vice Chair are elected officials appointed by the Regional Council.

*** Indicate the selection process of group leaders: (select all that apply):**

Elected:	
Assigned:	
Volunteer:	
Appointed:	X
Other:	

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

Yes, the MAG Continuum of Care Regional Committee on Homelessness could become responsible for such activities if provided administrative funds to do so. MAG is a Council of Governments that serves as the regional planning agency for the Maricopa County region. MAG is a 501 c (4) legally recognized organization. The Continuum of Care Committee has resided at MAG since 1999. The Committee would establish policies and procedures to ensure that such activities would be done effectively and to HUD's standards.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Continuum of Care Regional Committee on Homelessness	Regional Homeless Planning Oversight and Decision Making Group. This Committee prepares the consolidated HUD application, is the regional planning body for efforts toward ending homelessness, develops, and oversees implementation of the Regional Plan to End Homelessness.	Bi-monthly
Continuum of Care Planning Subcommittee	Technical Advisory Group. This technical group is responsible for planning for and conducting the annual homeless street count, the annual gaps analysis process, provides recommendations to the Regional Committee and conducts technical work as recommended by the Regional Committee.	Bi-monthly
Regional Plan Implementation Teams	Oversee implementation of goals in the Regional Plan to End Homelessness. This group of stakeholders developed the Regional Plan to End Homelessness for the Regional Committee and meets quarterly to monitor progress and directly implement action steps in the Plan.	Quarterly
HMIS Advisory Group	Advisory and decision making group of the regional HMIS project.	Quarterly
HMIS User Group	Technical advisory group of the HMIS.	Monthly or more

If any group meets less than quarterly, please explain (limit 750 characters):

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Arizona Coalition to End Homelessness	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Area Agency on Aging, Region One, Inc	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Youth, HIV/AIDS
Arizona Public Service	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Arizona State University	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Arizona Behavioral Health Corporation	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Arizona Department of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Arizona Department of Economic Security	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Arizona Department of Health Services	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Arizona Department of Housing	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Basic Mission	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Seriously Me...
Catholic Charities Community Services	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Youth, Domes...
Central Arizona Shelter Services	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Chicanos Por La Causa, Inc	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Chrysalis	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
City of Avondale	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE

City of Chandler	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
City of Glendale	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
City of Goodyear	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
City of Mesa	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
City of Phoenix	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
City of Tempe	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Community Information & Referral	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
State of Arizona Governor's Office	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	NONE
HomeBase Youth Services, Inc	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Youth
Homeward Bound	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
House of Refuge East	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
U. S. Department of Housing and Urban Development	Public Sector	Public ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Human Services Campus	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Kaiser Family Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Labor's Community Service Agency	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Domes...
Lodestar Day Resource Center	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Nancy Gerlach	Individual	Homeles...	Attend 10-year planning meetings during past 12 months, C...	NONE
Native American Connections, Inc	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
Phoenix Community Alliance	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
City of Phoenix Police Department	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	NONE

Phoenix Shanti Group	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Veterans, HI...
Recovery Innovations of Arizona	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
Russell Evans	Individual	Homeles...	Attend 10-year planning meetings during past 12 months, C...	NONE
Salvation Army Family Services	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Save the Family Foundation of Arizona	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
Sojourner Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Southwest Behavioral Health	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Town of Buckeye	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Tumbleweed Center for Youth Development	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Youth, HIV/AIDS
UMOM New Day Centers	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Seriously Me...
US VETS	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Veterans, Se...
Valley of the Sun United Way	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
A New Leaf	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Arizona Housing, Inc	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Veterans, Su...
Community Bridges	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Abuse
Phoenix Rescue Mission Men's Emergency Shelter	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Substance Abuse
The Bridge	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Magellan Health Services of Arizona	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...

City of Surprise	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Maricopa County	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Margaret Trujillo and Associates	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)	f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups
Rating and Performance Assessment Measure(s): (select all that apply)	b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee, f. Voting Members Abstain if Conflict of Interest
Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

The number of Emergency Shelter beds for families increased by 13 beds. The number of Emergency Shelter beds for individuals decreased from 2008 to 2009 by 136 beds. A New Leaf reclassified beds from individual beds to family beds. Several providers had a reduction in beds due to funding. Church on the Street decreased from 150 beds to 75 beds. In addition, Phoenix Rescue Mission, The Salvation Army and UMOM New Day Centers had minor reductions in beds.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Not applicable.

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

An extensive review was done of the 2008 Housing Inventory Chart and the 2009 chart reflects some re-classification of current beds in the community. New Arizona Family beds were recatergorized from transitional housing to permanent housing to better meet HUDs definition of transitional housing beds. Beds for Crossroads Mission were removed from the housing inventory chart because after review it was determined that the program is a half-way house. Phoenix Rescue Mission had a decrease in beds. In addition, UMOM New Day Center added 56 new beds.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

The number of Permanent Supportive Housing beds for families increased from by 15 beds. In addition, there are 105 beds that are under development and will be new to the community. There was a decrease in beds for Recovery Innovations of Arizona as well as Arizona Behavioral Health Corporation because of reclassification of their beds.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding:	Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Housing Inventory...	11/16/2009

Attachment Details

Document Description: Housing Inventory Chart

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)	01/27/2009
Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)	HMIS plus housing inventory survey
Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)	Follow-up, Updated prior housing inventory information, Confirmation, HMIS
Must specify other:	
Indicate the type of data or method(s) used to determine unmet need: (select all that apply)	Unsheltered count, HUD unmet need formula, HMIS data, Local studies or non-HMIS data sources, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

The unmet need was determined by first using the HUD formula for calculating the unmet need and then members of the Gaps Analysis working group reaching consensus on a recommended unmet need to the Continuum of Care Committee. In addition to the results of the unmet need formula, the working group considered the homeless street and shelter count, data from HMIS, the Housing Inventory Chart, turn-away data from the shelter hotline and provider expertise on gaps in beds in the community.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type:	Single CoC
Select the CoC(s) covered by the HMIS: (select all that apply)	AZ-502 - Phoenix/Mesa/Maricopa County Regional CoC
Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?	No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization?	No
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	Service Point
What is the name of the HMIS software company?	Bowman Systems
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	02/03/2003
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	No or low participation by non-HUD funded providers

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

There is currently not an incentive for agencies with less than 75 beds, not funded by HUD, to participate in HMIS. Our community has some small faith-based pocket shelters that are not participating in HMIS. The HMIS Project Team will continue to meet with non-HUD funded agencies and encourage them to utilize HMIS. There is a partnership between the HMIS Project Team and the Continuum of Care Committee. The two have met with providers to discuss the benefits of HMIS to the agency as well as the continuum as a whole. The meetings have resulted in HMIS implementation for some providers that were not considering HMIS. The Continuum of Care will continue to work with the HMIS Project Team to meet with providers showing them the rich benefits of being on HMIS.

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	Community Information and Referral
Street Address 1	2200 N. Central, Suite 601
Street Address 2	
City	Phoenix
State	Arizona
Zip Code **Format: xxxxx or xxxxx-xxxx**	85004
Organization Type	Non-Profit
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	No

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:	Mr.
First Name	Robert
Middle Name/Initial	
Last Name	Duvall
Suffix	
Telephone Number: (Format: 123-456-7890)	602-263-8845
Extension	102
Fax Number: (Format: 123-456-7890)	602-263-0979
E-mail Address:	rduvall@cir.org
Confirm E-mail Address:	rduvall@cir.org

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

*** Emergency Shelter (ES) Beds**	65-75%
*** Safe Haven (SH) Beds**	86%+
*** Transitional Housing (TH) Beds**	86%+
*** Permanent Housing (PH) Beds**	86%+

How often does the CoC review or assess its HMIS bed coverage? Semi-annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

Not applicable. Bed coverage in all areas is above 73 percent.

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	2%	4%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	2%	1%
* Disabling Condition	14%	2%
* Residence Prior to Program Entry	10%	8%
* Zip Code of Last Permanent Address	14%	33%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4?	Yes
Did the CoC or subset of CoC participate in AHAR 5?	Yes
How frequently does the CoC review the quality of client level data?	Quarterly
How frequently does the CoC review the quality of program level data?	Annually

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

The Data Quality (DQ) Subcommittee meets quarterly to review data quality issues, offer recommendations to improve DQ and set standards for the community. The HMIS team maintains an on-going process of DQ improvement. A Data Quality Plan is in place and defines the data integrity and DQ expectations, responsibilities of the HMIS staff and agencies, and the processes for monitoring DQ and correcting issues. Reports have been created in HMIS and agencies have been trained on how to run and analyze the reports. Agencies will identify trends in data errors and corrective actions to reverse those trends. The HMIS team will assist agencies in monitoring their internal DQ plans and identify options for resolution of agency data issues.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

All HMIS users are required to go through training conducted by the HMIS project team in which accuracy of entry and exit dates are discussed. All providers are issued a Maricopa HMIS Policies and Procedures Manual as well as a Data Quality Plan. Data entry in HMIS is in accordance with the Data Quality Plan and the Maricopa HMIS standards. Data entry must be completed within five working days of the end of each month.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Quarterly
Use of HMIS for point-in-time count of sheltered persons:	Annually
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Annually
Use of HMIS for program management:	Annually
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

*** Unique user name and password**	**Annually**
*** Secure location for equipment**	Annually
*** Locking screen savers**	Annually
*** Virus protection with auto update**	Annually
*** Individual or network firewalls**	Annually
*** Restrictions on access to HMIS via public forums**	Annually
*** Compliance with HMIS Policy and Procedures manual**	Annually
*** Validation of off-site storage of HMIS data**	Annually

How often does the CoC assess compliance with HMIS Data and Technical Standards?	Annually
How often does the CoC aggregate data to a central location (HMIS database or analytical database)?	Monthly
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	09/18/2008
If 'No' indicate when development of manual will be completed (mm/dd/yyyy):	

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:
- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	Monthly
Basic computer skills training	Annually
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/27/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with	Dependent Children		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Number of Households: 309	457	37	803
Number of Persons (adults and children): 1,044	1,481	230	2,755

Households without	Dependent Children		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Number of Households: 1,484	962	2,688	5,134
Number of Persons (adults and unaccompanied youth): 1,484	962	2,688	5,134

All Households/	All Persons		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Total Households: 1,793	1,419	2,725	5,937
Total Persons: 2,528	2,443	2,918	7,889

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
*** Chronically Homeless (Federal definition)**	269	624	893
*** Severely Mentally Ill**	294		294
*** Chronic Substance Abuse**	829		829
*** Veterans**	400		400
*** Persons with HIV/AIDS**	47		47
*** Victims of Domestic Violence**	688		688
*** Unaccompanied Youth (under 18)**	25	139	164

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count?	Annually
Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)	01/26/2010

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers:	100%
Transitional housing providers:	100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
- Survey Providers¿Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS¿The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation¿The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:
(Select all that apply):

Survey Providers:	X
HMIS:	
Extrapolation:	
Other:	

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

The 2009 Shelter Count was conducted by the AZ Dept of Economic Security (DES). A survey of providers was conducted. The survey was sent out to all of the homeless providers in the CoC. Instruction was provided on how to complete the survey and technical assistance was provided as needed. To ensure accurate data collection, quality control by DES staff was critical to the 2009 shelter count process. Staff analyzed the data, compared the infomation to the results from the 2008 count and provided a report of the results to the CoC. The CoC lead met with DES staff to discuss factors that resulted in changes in the shelter count.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

There was a 4% increase overall in the number of people in emergency shelter and transitional housing during the 2009 point in time shelter count. The increased number of people in shelters is consistent with feedback from providers in the region reporting increases in numbers from last year to this year. This is largely due to the hardships of the current economy. There was an increase of 295 people in emergency shelter during the point in time count from 2008 to 2009. Emergency shelters are reporting that they are full to capacity every night and some offer overflow beds if available. The economy, increasing evictions, foreclosures, and direct impacts from the State's budget cuts are all impacting and increasing the number of homeless individuals and families in the region. According to our HMIS report for the first quarter of FY2010, 35.7% of all people in shelter are homeless for the first time. The three primary reasons for homelessness, in HMIS, are due to loss of job (13%), lack of financial resources (11.8%) and eviction (9.8%). All three of these indicators have increased in the past year and are directly related to the strain on our economy.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	X
Non-HMIS client level information:	
None:	
Other:	

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

The 2009 Homeless Shelter Count was conducted by the Arizona Department of Economic Security. The Shelter Count subpopulation data was primarily done by a survey of the providers. The survey instrument was sent out to all of the homeless services providers in Maricopa County. Instructions were provided on how to complete the survey and technical assistance was provided as needed. Providers responded to the survey for a point-in-time of January 27, 2009. Information for the populations and subpopulations was gathered from HMIS and reported in the survey. Survey responses were provided to staff of the Arizona Department of Economic Security (DES)to compile the County-wide results. DES staff then analyzed the data from the Shelter count, compared the infomation to the results from the 2008 count and provided a report of the results to the Continuum of Care Regional Committee on Homelessness. The Continuum of Care lead met with DES staff to discuss factors that resulted in increases or decreases in the shelter count. There was a 26% decrease in the number of chronically homeless individuals in emergency shelter.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

There was a 26 percent decrease in the number of chronically homeless individuals in emergency shelter. This is due to concentrated outreach to chronically homeless individuals, increases in permanent supportive housing beds in the region for individuals who are chronically homeless and increased placement in to permanent housing. There was a 13 percent decrease among those in shelter with chronic substance abuse issues, a 33 percent decrease of those in shelter with HIV/AIDS, and a 43 percent decrease among those in shelter who are victims of domestic violence (the shelter count in 09 only counted adults experiencing dv as opposed to adults and children counted in 08). There was a 9 percent increase among those in shelter with a serious mental illness and an 18 percent increase among homeless veterans in shelter. One additional youth on their own was counted in shelter. Overall, there was a significant decrease of persons in shelter experiencing domestic violence, those with HIV/AIDS, chronically homeless, and those with chronic substance abuse isses. In addition to the increased PH beds, the Continuum of Care Committee has been actively collaborating with the regional Domestic Violence Council to improve the the shelter referral process so that individuals and families are placed in the most appropriate shelter for their needs.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:
- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:
(select all that apply)

Instructions:	X
Training:	
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	
None:	
Other:	

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

Instructions were provided with the shelter survey explaining the importance of an unduplicated shelter count. The instructions explained that the count was to take place on January 27, 2009 and should include all persons sheltered that night. It was explained that the shelter count is an actual count of persons sheltered and does not include estimates. This information was also explained during the follow- up phone call and confirmed when the surveys were received. The information gathered from the surveys was compared to numbers that were entered in HMIS for that point in time. Cross-checking was done by data collection staff and provider staff to ensure that information was accurate. HMIS staff reviewed the shelter count information and completed a cross-check of data reported. Data quality is an important part of a successful shelter count and this was portrayed in every possible way.

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:
- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	X
Public places count with interviews:	X
Service-based count:	
HMIS:	
Other:	X

If Other, specify:

The Homeless Street Count for Maricopa County was conducted on January 27, 2009. Homeless Street Count Coordinators were identified in all 25 cities and towns within the County. Each Coordinator facilitated a public places count within their area. Portions of the region were mapped out and volunteers were assigned to cover specific areas and were instructed not to cross over their boundaries. All areas of the region were covered including areas where homeless people are known to be located as well as canvasing areas where homeless people are not typically found. We feel this method provides the most accurate count. Street count volunteers were assigned a geographic area to count during the time period of the count and were instructed not to go outside their geographic area. The volunteers used a tally sheet to collect the results of their count. The tally sheet contained two parts, one with the numbers of single individuals found and their location and a second section for homeless families and their locations. Information collected in the tally sheet included a category for chronically homeless individuals and non-chronically homeless individuals. Males and females were tallied in each of those areas. The number of families and number of people within each family unit, including adults and children were also included. Homeless youth on their own were tallied into male and female categories. Questions were asked by street count volunteers to determine if a homeless individual met HUD's definition of being chronically homeless. Survey instruments were collected by Street Count Coordinators and provided to the CoC Lead. The CoC Lead compiled the results, verified the data with each Coordinator, and tallied the regional results. A street count debriefing was held one week after the count and process improvements were recommended for the 2010 street count. Planning for the 2010 street count is already underway.

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Complete Coverage and Known Locations

If Other, specify:

A combined approach was used to conduct the 2009 homeless street count in the region,25 cities and towns in Maricopa County. The combined approach included the merger of the complete coverage method and known locations method. In very high-density areas, the complete coverage method was used as enumerators canvased every street in the geographic area. A known locations method was also used as homeless outreach teams and service providers provided information on locations where homeless people are known to be found. For low-density areas (more rural parts of the region), a statistically valid sampling method was used as enumerators were randomly selected to count certain areas and then used a valid extrapolation process to account for areas that were not randomly selected. The region consists of 25 municipalites and is a very large geographic area. The combined approach to conducting the street count has proven to be a reliable way to count the number of homeless individuals and families in the Continuum of Care's geographic area.

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count.
(select all that apply)

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

The Continuum of Care lead works with and provides training and technical assistance to Street Count Coordinators in all 25 municipalities in the region. The Street Count Coordinators are trained on best practices for conducting a homeless street count, on preventing duplication and on effectively counting unsheltered homeless persons. An emphasis is placed on preventing duplication. Maps of geographic boundaries are provided to Street Count volunteers and the volunteers are instructed not to count outside of their geographic boundaries assigned to them. There are specific times set up for coordinators to conduct the count to reduce the chances of someone being counted as a duplicate. In high density areas, people were asked if they had already been counted by an enumerator. Also, in very high density areas, enumerators were assigned one-mile by one-mile geographic area to cover to ensure they had an adequate amount of time to cover their assigned area effectively and accurately. Enumerators were trained and instructed not to count people outside of their boundaries even, for example, if they could see someone just outside of their geographic boundary. This was specifically done to reduce chances of duplication errors in the count.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

The CoC utilizes a number of methods to reduce the number of unsheltered homeless families on the street. Providers in the region identify the lack of affordable housing as a significant cause of homelessness and barrier to people moving out of homelessness. The Regional Plan to End Homelessness includes goals to increase affordable housing options to 1,000 units over 10 years to prevent and end homelessness. There are 13 Homeless Outreach Teams that work with homeless families to get them off the streets, into shelter, and eventually into housing. Recent innovations such as the Human Services campus offer an array of services in a one-stop location to quickly move people from the streets into housing. There is also collaboration among the Homeless School Liasions in identifying families that are homeless and working with the resources in the community to help stabilize the family and put them on the road to self-sufficiency.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

There are targeted efforts in the region to reduce the number of chronically homeless individuals sleeping on the streets. Outreach teams throughout the region work with chronically homeless individuals to build trust and eventually offer them shelter or housing options to get them off the street. Over the past year, Project Homeless Connect events have been taking place monthly in the central, east and west parts of the region. Coordinated outreach efforts take place before the Project Homeless Connect events to engage persons sleeping on the streets to attend the events. Transportation to the events are even provided to those who need it. Once at the event, chronically homeless persons are connected with shelter and housing options as well as many other needed services.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

There was a 20% increase in the regional homeless street count from 2008 to 2009. There was a 24% decrease in the number of chronically homeless persons on the street. This decrease can be attributed to the increased number of permanent supportive housing beds in the region for chronically homeless individuals and the increased efforts to outreach to chronically homeless individuals and place them in housing. However, there was a significant increase of the number of families (270%) and youth on the own (248%). This increase in homeless families and youth on their own on the streets is consistent to what outreach teams and homeless service providers are reporting. This increase is due to the economic crisis families are facing in our region. Families are losing their jobs, losing their homes, services are being cut and their safety nets are strained. The economy is in crisis and this has had a direct impact on the number of homeless families and youth that are reporting being homeless for the first time.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

1. The Continuum of Care will create 50 new permanent housing beds for chronically homeless individuals through the 2009 permanent housing bonus projects.
2. The Continuum of Care will allocate at least $1 million per year of McKinney-Vento funding for new permanent housing beds in the region for chronically homeless individuals.
The Continuum of Care will provite technical assistance to providers to begin the process of developing high quality permanent supportive housing projects to compete for HUD's bonus funds. The Continuum of Care Committee is collaborating and will continue to collaborate with service providers, the private sector as well as the public sector to generate leadership, community support, and funding for region-wide permanent housing beds.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

1. Establish a public/private partnership to create a sustainable funding pool for development, implementation and expansion of permanent housing beds for 1,000 chronically homeless individuals in six year.
2. Create a local permanent housing toolkit to be distributed to local service providers on how to create permanent housing units in the community.
The Continuum of Care Regional Committee on Homelessness has an implementation team that monitors progress made on the the short and long term goals in the Plan. The contingency plan includes close monitoring on progress made towards goals and re-evaluation of goals and action steps if needed.

How many permanent housing beds do you currently have in place for chronically homeless persons?	712
How many permanent housing beds do you plan to create in the next 12-months?	50
How many permanent housing beds do you plan to create in the next 5-years?	500

How many permanent housing beds do you plan to create in the next 10-years?	1,000

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

1.Develop a corrective plan and provide technical assistance to HUD funded permanent housing projects that are not meeting the goal of 77 percent. The Continuum of Care will evaluate progress on corrective plans on a yearly basis.
2.During the local Continuum of Care application process, give extra points to projects that are meeting or exceeding the goal of 77 percent.
3.Identify local best practices that are exceeding the 77 percent goal and hold a training session for permanent housing providers on the best practices.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

1.Through provider and client discussion, Continuum of Care staff will determine what the housing retention barriers are and develop plan to address barriers.
2.The Continuum of Care will hold annual training sessions for providers on housing retention best practices.
3.The Continuum of Care will reallocate funding from permanent housing projects that are continuously unable to meet the goal of 77 percent and are not making progress on an agreed upon corrective plan (between the provider and the Continuum of Care) to new permanent housing projects.
The Continuum of Care Regional Committee on Homelessness has an implementation team that monitors progress made on the the short and long term goals in the Plan. The contingency plan includes close monitoring on progress made towards goals and re-evaluation of goals and action steps if needed.

What percentage of homeless persons in permanent housing have remained for at least six months?	89

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 90

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 91

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 92

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

1.The Continuum of Care will require that a corrective plan is developed for HUD funded transitional housing projects that are not meeting the goal of 65 percent. The Continuum of Care will evaluate progress on corrective plans on a yearly basis.
2. The Continuum of Care will provide technical assistance to transitional housing projects not meeting the 65 percent goal.
3.During the local Continuum of Care application process, give extra points to projects that are meeting or exceeding the goal of 65 percent.
4.Identify local best practices that are exceeding the 65 percent goal and hold a training session for transitional housing providers on the best practices.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

1.Through provider and client discussion, determine what barriers are preventing homeless persons moving from transitional housing to permanent housing and develop plan to address the barriers.
2.Hold annual training sessions for providers on best practices of clients moving from transitional housing to permanent housing.
3.Reallocate funding from transitional housing projects that are continuously unable to meet the goal of 65 percent and are not making progress on an agreed upon corrective plan (between the provider and the Continuum of Care) to new permanent housing projects.
4. The 10 year plan includes creating 1,000 PH units in which clients transitioning from the streets or TH units can move into.
The Continuum of Care has an implementation team that monitors progress made on the the short and long term goals in the Plan. The contingency plan includes close monitoring on progress made towards goals and re-evaluation of goals and action steps if needed.

What percentage of homeless persons in transitional housing have moved to permanent housing? 65

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 67

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 70

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 75

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

1.Identify best practice strategies from projects that have a high success rate of homeless persons exiting with employments.
2.Conduct a workshop highlighting best practice strategies.
3.Provide technical assistance to projects performing below 20 percent.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

1.Partner with Workforce Connections through monthly regional Project Homeless Connect events to provide job search resources and employment training opportunities for homeless persons.
2.Develop a Web-based resource page with regional employment and training opportunities for homeless persons.
The Continuum of Care has an implementation team that monitors progress made on the the short and long term goals in the Plan. The contingency plan includes close monitoring on progress made towards goals and re-evaluation of goals and action steps if needed.

What percentage of persons are employed at program exit?	33
In 12-months, what percentage of persons will be employed at program exit?	34
In 5-years, what percentage of persons will be employed at program exit?	37
In 10-years, what percentage of persons will be employed at program exit?	40

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

1.Place 50 homeless families with children in the new Next Step Housing rapid re-housing program.
2.Partner with municipalities and homeless service providers to place 70 homeless families with children in housing through the regional HPRP funding programs. As a result of the programs, homeless families with children will stabilize and become self-sufficient.
3.Refer homeless families with children who attend monthly regional Project Homeless Connect events to providers in the community.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

1.Develop a Web-based resource page that offers eviction prevention resources within for homeless families with children. Partner with schools to provide information about the resources to homeless and at-risk families with children.
2.Develop recommendations for prevention strategies based on an assessment of best practices for homeless families with children. Conduct a workshop on strategies and provide technical assistance on implementing the practices. Update the Plan to include the best practice strategies and monitor progress.
3.Collaborate with homeless liaisons in public schools to provide resources for homeless youth and families with children to complete and or obtain the education.
The Continuum of Care has an implementation team that monitors progress made on the the short and long term goals in the Plan. The contingency plan includes close monitoring on progress made towards goals and re-evaluation of goals and action steps if needed.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2l)?	803
In 12-months, what will be the total number of homeless households with children?	733
In 5-years, what will be the total number of homeless households with children?	453
In 10-years, what will be the total number of homeless households with children?	103

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

¿ What? Describe the policies that have been developed or are in the process of being developed.
¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

It is the State's policy that "the department shall not transition a young adult to a state of homelessness". A case plan meeting shall be held when a decision to remove a young adult from continued placement is under consideration. The department shall ensure an appropriate discharge plan is developed for all youth served which includes: the plan to meet the identified needs as gathered from the comments, recommendations, and requests of the youth, caregiver and other service team members; and specific plans for obtaining any identified services. The department shall explore suitable resources and ensure the child and caregivers are provided sufficient information to enable them to contact the service provider and initiate services identified in the discharge plan. The continuum of housing must offer a full array of options to meet the unique needs and goals of young adults. Community housing options include: transitional living, semi-independent community living, independent community living, permanent housing and home ownership. HMIS data shows that 0% of persons in emergency shelter, transitional housing or permanent supportive housing list foster care as their prior living situation. The Continuum of Care participates in statewide discharge planning through the Governor¿s Interagency and Community Council on Homelessness.

Health Care:

The State Plan to End Homelessness, created in 2004, sets forth discharge planning action steps. Unter Action step 1.1.5, a discharge planning committee is developed to focus on discharge planning polices and to create a plan for each person in state's care prior to release. The committee is charged with developing, defining and implementing policies and procedures, educating the institutions on the process and importance of discharge planning, and will include a requirement that people will not be released from state institutions to homeless shelters. Persons leaving the health care system should not discharged into homeless McKinney Vento housing, but rather be integrated back into the community in a positive way.The Continuum of Care participates in statewide discharge planning through the Governor¿s Interagency and Community Council on Homelessness.

Mental Health:

The Regional Behavioral Health Authority for the County is Magellan Health Services. Magellan begins inpatient discharge planning immediately for behavioral health recipients identified as needing inpatient services or upon admission. Key components include the review of medical necessity criteria for inpatient admissions, the development of a discharge plan, the requirements for completing hospital discharge plans, the development of an individual service plan, and the review and or modification of the person's treatment plan. Housing is critical so that appropriate housing placement is completed. The consumer and case manager completes a Housing Needs Assessment and Meaningful Community Activities Worksheet and submits forms to the Housing Administrator at the local mental health clinic. The case manager schedules a meeting with the consumer, hospital staff, housing ACT Team, clinical team and probation/parole officer to discuss the program expectations, conditional release rules and regulations, tenant responsibilities, service and other housing related needs. A number of housing options have been developed for persons with serious mental illness including transitional living, semi-independent community living, independent community living, permanent housing and home ownership.The Continuum of Care participates in statewide discharge planning through the Governor¿s Interagency and Community Council on Homelessness.

Corrections:

Inmate discharge planning is a component of each inmate's Individualized Corrections' Plan. This Plan is developed during an inmate's intake assessment and outlines the inmate's needs, expectations, and progress regarding programs, work assignments, re-entry preparation, and other key issues. At least 12 months before an inmate's release or at the beginning of stays 6 months or less, focus is given to transition activities and pre-release preparations designed to enhance an inmate's successful re-entry into society. The DOC, in collaboration with state and local partners, provides re-entry preparation classes and pre-release assistance with housing placement and continuity of medical care, mental health services, and treatment services to all inmates. To promote a viable housing placement for every released inmate, seven months prior to release an inmate submits at least three release placement possibilities. Early release for both inmates with earned early release credits and inmates participating in the state legislated Transition Program for Non-Violent Offenders is dependent on an approved housing placement. Post-release case management and services are provided by the Department's Community Corrections staff. Since 2006, additional post-release re-entry programming has been made available to Department inmates.The Continuum of Care participates in statewide discharge planning through the Governor¿s Interagency and Community Council on Homelessness.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?	Yes
If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:	The City of Phoenix Consolidated Plan includes a section and strategic goals on homelessness. The Consolidated Plan refers to the Continuum of Care Regional Plan to End Homelessness and is in alignment with the region's goals. The main goal areas are: housing and supportive services, education, training and employment, leadership and community support, prevention, and collaboration. Within the five goal areas, thirty action steps have been developed that include steps to achieve the goals set forth within HUD's NOFA. The action steps include focus on creating new permanent housing beds for chronically homeless people, moving people successfully from transitional to permanent housing, housing retention within permanent housing programs, focus on education, training and employment outcomes, and decreasing the number of homeless households with children.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

When HPRP funding was announced by the President and grantees in the region were identified, the MAG Continuum of Care Regional Committee on Homelessness coordinated an inital meeting convening all HPRP grantees in the region as well as the local HUD staff to discuss coordination of efforts. A representative from all six grantee jursidictions attended the initial meeting and discussed initial planning and processes. The Continuum of Care Regional Committee on Homelessness offered technical assistance to any HPRP grantee needing assistance with planning for the distribution of the funds. The CoC held a second meeting with HPRP grantees where grantees were able to share their plans for the funding. A CoC representative attended a public meeting on the HPRP plans for one jurisdicition and is informed on the planning processes and plans for distributing funds. In addition, the CoC's HMIS team held two meetings with all HPRP grantees on utilizing the HMIS for data collection and reporting. The HPRP grantees in the region have agreed to a data sharing policy in which data will be shared among jursidictions. Many of the providers, or subgrantees, are members of the Continuum of Care Regional Committee on Homelessness and communicate and collaborate with each other through the Continuum of Care forum.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

The MAG Continuum of Care Regional Committee on Homelessness is actively collaborating with grantees of the Homeless Prevention and Rapid re-housing program. The Continuum of Care has hosted two meetings with HPRP grantees, has offered technical assistance to any grantee requesting it, and has sent out communication via email to grantees regarding American Reinvestment and recovery Act program guidelines and planning tools obtained from the National Alliance to End Homelessness. The CoC's HMIS team provided trainings and technical assistance to HPRP grantees as well as sub-grantees. The local HUD office held collaborative meetings among grantees in the region for the Neighborhood Stabilization Program and offered technical assistance to grantees. That process was shared with staff from the Continuum of Care and staff used it as a model for collaboration of HPRP funding. Many of the sub-grantees are collaborating with each other to provide the best use of the local American Reinvestment and Recovery Act program funding.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	58	**Beds**	59	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	84	**%**	89	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	66	**%**	66	**%**
Increase percentage of homeless persons employed at exit to at least 19%	43	**%**	33	**%**
Decrease the number of homeless households with children.	711	**Households**	803	**Households**

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

The CoC exceeded goals in the areas of creating new PH beds for the chronically homeless, increasing the percent of persons staying in PH by 5 percentage points above the goal, and achieved the goal of increasing the percent of homeless persons moving from TH to PH. There were two proposed goals that were not met. The goal for increasing the percent of homeless persons employed at exit was set at 43%. The actual achievement for this goal was 33%, still well above the 19% national objective. This goal was particularly hard to achieve this year and is directly related to the increased unemployment rate and economic crisis in our region. The unemployment rate as of October 09 is at 10.2%, up from 5.5% the previous year. Homeless persons have to compete with other unemployed persons who have strong, stable job histories. The other area that the CoC did not meet the proposed goal was on decreasing the number of homeless households with children. This is another area where we believe the economy directly impacted our achievement. There was a 300% increase in homeless families on the streets. HMIS data shows that 50% of the children in shelter are homeless for the first time. The primary reasons reported for due to eviction (17.5%) and loss of a job (9%). We are seeing a trend of families losing their jobs, becoming evicted and ending up homeless. This is due to the economic recession. There are goals and action steps in the CoC's plan to improve on these outcomes.

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	1,018	491
2008	1,489	568
2009	893	654

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.

86

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	$1,394,646				
Total	$1,394,646	$0	$0	$0	$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

Not applicable. The number of chronically homeless persons decreased by more than 20% and the number of permanet beds for chronically homeless persons increased.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	478
b. Number of participants who did not leave the project(s)	1930
c. Number of participants who exited after staying 6 months or longer	389
d. Number of participants who did not exit after staying 6 months or longer	1762
e. Number of participants who did not exit and were enrolled for less than 6 months	119
TOTAL PH (%)	89

Instructions:

HUD will be assessing the percentage of all transitonal housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	765
b. Number of participants who moved to PH	503
TOTAL TH (%)	66

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 1,922

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	223	12	%
SSDI	153	8	%
Social Security	8	0	%
General Public Assistance	57	3	%
TANF	244	13	%
SCHIP	110	6	%
Veterans Benefits	19	1	%
Employment Income	640	33	%
Unemployment Benefits	32	2	%
Veterans Health Care	27	1	%
Medicaid	661	34	%
Food Stamps	640	33	%
Other (Please specify below)	201	10	%
No Financial Resources	676	35	%

The percentage values will be calculated by the system when you click the "save" button.

Does CoC have projects for which an APR should have been submitted? Yes

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: http://www.energystar.gov

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative?	Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?	Yes

If 'Yes', describe the process and the frequency that it occurs.

The Continuum of Care analyzes project APRs annually to assess project outcomes and access to mainstream programs. The information from the APRs is used to determine priority for which programs need technical asssitance. APR training was conducted in June of 2008 and technical assistance is provided on an as-needed basis. Low performing projects receive additional technical assistance and guidance on their APR performance.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?	Yes

If "Yes", indicate all meeting dates in the past 12 months.

As part of the CoC's Regional Plan to End Homelessness, brownbag training sessions have been conducted for service providers to increase access and knowledge of mainstream resources. The following meetings were held this year. SSI/SSDI Case Manager training February 27, 2009 and September 10, 2009. Case Manager training on connecting clients to the behavioral health system 8-18-09.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?	Yes
Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?	Yes
If yes, identify these staff members	Provider Staff
Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.	No

If "Yes", specify the frequency of the training. Monthly or more

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

The CoC held SOAR training on September 1-2, 2005. Beginning in February 2009, the CoC, in partnership with the local Social Security Administration, began providing quarterly brown-bag training sessions to homeless service providers on determining SSI/SSDI eligibility requirements, following up on the status of applications, and successfully completing paperwork to get eligible clients on SSI/SSDI. Trainings were provided on February 27 and September 10, 2009 and will take place routinely in 2010.

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	80%
Case Managers work with clients to determine if they are eligible for mainstream benefits. If clients are eligible, Case Managers work with clients assisting with completing applications, helping clients obtain necessary documentation, assist with follow up and can sometimes provide transportation to and from appointments	

2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	80%

3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	0%

4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	72%
4a. Describe the follow-up process:	
Case Managers meet with clients on a routine basis to ensure benefits are received. Case Managers asses progress made on eligiblilty and applications submitted, set new goals with clients if needed and follow up with clients and mainstream benefit providers to ensure benefits are received.	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

***1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?** **A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.**	Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	Yes
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a)sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? **(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.**	Yes
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?	No
***5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?** **If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.**	Yes
6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?	No

Part A - Page 2

***7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?**	No
***8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?** **Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)**	No
***9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.** **In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?**	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
***10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?**	No
***11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?**	Yes
***12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)**	No
***13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?**	No

Part A - Page 3

***14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?** **(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)**	No
***15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?** **Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	No
***16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?**	No
***17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?**	Yes
***18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?**	No
***19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?**	No
***20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?**	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Sunrise Circle Tw...	2009-10-25 18:25:...	2 Years	Native American C...	117,625	New Project	SHP	PH	X
EMPOWER permanent ...	2009-10-24 18:39:...	3 Years	A & A Cottages Inc.	953,134	New Project	SHP	PH	X
Faith House Trans...	2009-10-19 12:31:...	1 Year	PREHAB of Arizona...	510,688	Renewal Project	SHP	TH	F
Horace Steele Com...	2009-10-23 14:06:...	1 Year	Arizona Housing, ...	78,663	Renewal Project	SHP	PH	F
Transitional Hous...	2009-10-26 12:34:...	1 Year	Sojourner Center	417,763	Renewal Project	SHP	TH	F
CONTACS Shelter H...	2009-10-22 17:02:...	1 Year	Community Informa...	176,752	Renewal Project	SHP	SSO	F
Tempe Youth Resou...	2009-11-03 13:37:...	1 Year	Tumbleweed Center...	214,429	Renewal Project	SHP	SSO	F
Transitional Shelter	2009-10-21 12:38:...	1 Year	Chrysalis Shelter...	24,269	Renewal Project	SHP	TH	F
HUD El Mirage/Sur ...	2009-10-22 13:38:...	1 Year	Catholic Charitie...	24,039	Renewal Project	SHP	TH	F
Transitional Housing	2009-10-09 17:23:...	1 Year	Labor's Community...	279,594	Renewal Project	SHP	TH	F
Maricopa HMIS Pro...	2009-10-22 17:05:...	1 Year	Community Informa...	400,921	Renewal Project	SHP	HMIS	F
The Thunderbirds ...	2009-10-23 12:47:...	1 Year	Homeward Bound	313,761	Renewal Project	SHP	TH	F

Shelter Plus Care...	2009-10-22 16:28:...	1 Year	Arizona Departmen...	1,808,520	Renewal Project	S+C	TRA	U
Shanti	2009-10-21 17:32:...	1 Year	Arizona Behaviora...	70,456	Renewal Project	SHP	PH	F
HIV Case Managem e...	2009-10-19 18:14:...	1 Year	Area Agency on Ag...	63,064	Renewal Project	SHP	PH	F
Stepping Stone Place	2009-10-24 19:06:...	1 Year	Native American C...	91,043	Renewal Project	SHP	PH	F
WINR Achievers	2009-10-16 14:27:...	1 Year	Women In New Reco...	46,862	Renewal Project	SHP	PH	F
Kaiser Family Center	2009-11-02 09:27:...	1 Year	The Salvation Army	45,360	Renewal Project	SHP	SSO	F
Haven House Trans...	2009-11-05 13:19:...	1 Year	United Methodist ...	201,671	Renewal Project	SHP	TH	F
Shelter Plus Care...	2009-10-22 15:53:...	1 Year	Arizona Departmen...	1,514,568	Renewal Project	S+C	TRA	U
Catherine Arms	2009-11-04 17:21:...	1 Year	Native American C...	163,178	Renewal Project	SHP	PH	F
HUD 3024	2009-10-21 15:54:...	1 Year	Arizona Behaviora...	519,019	Renewal Project	SHP	PH	F
Self Determinat io...	2009-10-09 12:34:...	1 Year	Phoenix Shanti Group	34,600	Renewal Project	SHP	SSO	F
Lamplighte r (SMI)	2009-10-22 11:54:...	1 Year	United Methodist ...	80,126	Renewal Project	SHP	PH	F
Center for Hope	2009-11-03 18:42:...	1 Year	Communit y Bridges...	344,610	Renewal Project	SHP	TH	F
PSH 3109	2009-10-21 17:25:...	1 Year	Arizona Behaviora...	693,793	Renewal Project	SHP	PH	F
Nicholas Transiti...	2009-10-27 12:18:...	1 Year	HomeBase Youth Se...	333,370	Renewal Project	SHP	TH	F
House of Refuge	2009-10-22 18:10:...	1 Year	Arizona Behaviora...	903,424	Renewal Project	SHP	TH	F
De Colores Transi...	2009-11-02 11:29:...	1 Year	Chicanos Por La C...	101,737	Renewal Project	SHP	TH	F

NOVA Safe Haven	2009-10-21 16:13:...	1 Year	Arizona Behaviora...	1,114,795	Renewal Project	SHP	SH	F
East Valley Men's...	2009-10-23 13:16:...	1 Year	Mesa Community Ac...	58,878	Renewal Project	SHP	TH	F
HUD 3084	2009-10-21 16:06:...	1 Year	Arizona Behaviora...	938,788	Renewal Project	SHP	PH	F
HIV Case Managem e...	2009-10-19 18:22:...	1 Year	Area Agency on Ag...	60,735	Renewal Project	SHP	PH	F
Casa de Paz	2009-10-21 15:31:...	1 Year	Arizona Behaviora...	373,993	Renewal Project	SHP	PH	F
Horace Steele Com...	2009-10-23 13:32:...	1 Year	Arizona Housing, ...	58,025	Renewal Project	SHP	PH	F
Arizona Veterans ...	2009-10-22 17:59:...	1 Year	United States Vet...	496,557	Renewal Project	SHP	TH	F
PSH 2010	2009-11-13 16:11:...	2 Years	Arizona Behaviora...	1,056,812	New Project	SHP	PH	P1
Transitiona l Hous...	2009-10-22 18:53:...	1 Year	Save the Family F...	420,100	Renewal Project	SHP	TH	F
Another Chance	2009-10-22 20:37:...	1 Year	Recovery Innovati...	990,010	Renewal Project	SHP	PH	F
Nurture Care-Enha...	2009-10-22 11:58:...	1 Year	United Methodist ...	187,584	Renewal Project	SHP	SSO	F
Sunrise Circle	2009-10-24 19:18:...	1 Year	Native American C...	35,000	Renewal Project	SHP	PH	F
Shelter Plus Care...	2009-10-22 16:47:...	1 Year	Arizona Departmen ...	2,847,288	Renewal Project	S+C	TRA	U
Transitiona l Livi...	2009-11-03 13:41:...	1 Year	Tumblewe ed Center...	439,700	Renewal Project	SHP	TH	F
Transitiona l Hous...	2009-10-22 18:47:...	1 Year	Save the Family F...	215,406	Renewal Project	SHP	TH	F
SWBH HIV/AIDS Per...	2009-10-21 17:35:...	1 Year	Arizona Behaviora...	20,775	Renewal Project	SHP	PH	F
Village	2009-10-21 17:39:...	1 Year	Arizona Behaviora...	1,801,534	Renewal Project	SHP	PH	F

Casa Mia	2009-10-21 15:45:...	1 Year	Arizona Behaviora...	687,027	Renewal Project	SHP	PH	F
HIV Case Mangemen...	2009-10-19 18:02:...	1 Year	Area Agency on Ag...	126,575	Renewal Project	SHP	PH	F
Brookside	2009-10-21 15:22:...	1 Year	Arizona Behaviora...	202,030	Renewal Project	SHP	PH	F
PSH 3106	2009-10-21 17:14:...	1 Year	Arizona Behaviora...	685,755	Renewal Project	SHP	PH	F
Scattered-Sites	2009-10-23 12:53:...	1 Year	Homeward Bound	26,250	Renewal Project	SHP	TH	F
Pappas Place Drop...	2009-11-03 13:35:...	1 Year	Tumbleweed Center...	318,729	Renewal Project	SHP	SSO	F
CFH PH	2009-11-15 19:24:...	2 Years	Community Bridges...	336,768	New Project	SHP	PH	P2
Homeless Haven	2009-10-21 12:40:...	1 Year	Southwest Behavio...	205,977	Renewal Project	SHP	TH	F
Project HOPE	2009-11-02 09:31:...	1 Year	The Salvation Army	73,080	Renewal Project	SHP	SSO	F

Budget Summary

FPRN	$15,670,495
Permanent Housing Bonus	$1,393,580
SPC Renewal	$6,170,376
Rejected	$1,070,759

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	11/16/2009

Attachment Details

Document Description: Certification of Consistency with the Consolidated Plan